

# Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

Date Stamp

CALIFORNIA FORM 501

For Official Use Only

Check One: ☒ Initial ☐ Amendment (Explain) \_\_\_\_\_

## 1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)		DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	E-MAIL (optional)
Stearns-Niesen, Elise Marie		( 818 ) 845-0388	( )	
STREET ADDRESS		CITY	STATE	ZIP CODE
213 N. Naomi Street		Burbank	CA	91505
OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, if applicable.		<input checked="" type="checkbox"/> NON-PARTISAN
Council Member	City of Burbank			PARTY:
OFFICE JURISDICTION				
<input type="checkbox"/> State (Complete Part 2.)				
<input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: _____				
				2015
				(Year of Election)

## 2. State Candidate Expenditure Limit Statement:

(CalPERS candidates, judges, judicial candidates, and candidates for local offices are not required to complete Part 2.)

2015 Primary/general election 2015 Special/runoff election  
(Year of Election) (Year of Election)

(Check one box)

☒ I accept the voluntary expenditure ceiling for the election stated above.

☐ I do not accept the voluntary expenditure ceiling for the election stated above.

Amendment:

☐ I did not exceed the expenditure ceiling in the primary or special election held on: \_\_\_\_/\_\_\_\_/\_\_\_\_ and I accept the voluntary expenditure ceiling for the general or special run-off election.

(Mark if applicable)

☐ On \_\_\_\_/\_\_\_\_/\_\_\_\_, I contributed personal funds in excess of the expenditure ceiling for the election stated above.

## 3. Verification:

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 9/3/14  
(month, day, year)

Signature \_\_\_\_\_